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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **Attorney Docket Number** 3800.06 First Named Inventor DECLARATION FOR UTILITY OR COMPLETE IF KNOWN DESIGN ohn PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge (37 CFR 1.16 (e)) Filina Examiner Name required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method AND SYSTEM FOR INTERACTION, MULTIUSER ELECTRONIC DATA TRANSMISSION IN A MULTILEVEL MONITORED AND FILKERED CYTHEN
(Title of the Invention) the specification of which X is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicabl ). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date **Priority** Certified Copy Attached? Country Number(s) (MM/DD/YYYY) Not Claimed Yes

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto [Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

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NAME OF SOLE OR FIRST IN	VENTOR:		etition has	been filed for thi	s unsia	ned inventor
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OTTOWA	ONT		K	21-066	C	ANHOA
Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.						

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DECLARATION		ADDITIO Supplemen	NAL INVENTOR(S) Ital Sheet	Page 2 of 2	
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)		<del></del>	e or Surname		
STEVP	········		LLIGAN		
Inventor's Stee William				Date Jr. 19/2003	
Residence: City OTTOWA	State	BNIT	Country CHNADA	Citizenship CANANI MA	
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## DECLARATION - Supplemental Priority Data Sheet

Additional foreign applications:					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
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Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name MARCELLO BURSZTEIN					
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Date July 19 a003			Telephone	1-8	98-770-3333
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Application Number

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lam the: Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name STEVE MULLIGA	N			
Signature Strong William				
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Application Number **Filing Date** First Named Inventor **POWER OF ATTORNEY OR** エルリノルG Title AUTHORIZATION OF AGENT **Art Unit Examiner Name Attorney Docket Number** I hereby appoint: Place Customer Practitioners at Customer Number Number Bar Code Label here Practitioner(s) named below: Name Registration Number FORNARI 260 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Practitioners at Customer Number. Number Bar Code Label here Firm or FORNAMI Individual Name Address AVENUE Address City State York 1002 Country 51 Telephone Fax Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name

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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
Statement under 37 CFR 3.73(b) is enclosed. (Form F10/SE/96).  SIGNATURE of Applicant or Assignee of Record					
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